


UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA  (Rev. 03/2018)			<b>TRANSCRIPT ORDER</b> <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> Please read instructions on next page.					COURT USE ONLY <b>NOTES:</b>					
1a. CONTACT PERSON FOR THIS ORDER			2a. CONTACT PHONE NUMBER			3. CONTACT EMAIL ADDRESS							
Daniel Schiller			612-664-5661			daniel.schiller@usdoj.gov							
1b. ATTORNEY NAME (if different)			2b. ATTORNEY PHONE NUMBER			3. ATTORNEY EMAIL ADDRESS							
Provinzino, Laura			612-664-5600			laura.provinzino@usdoj.gov							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)				5. CASE NAME (Include defendant number, for criminal cases only)			6. CASE NUMBER						
300 S 4th Street, Ste 600 Minneapolis, MN 55415				US v Patel et al			22-040						
7. COURT REPORTER NAME, if applicable				8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY):									
				CJA: <u>Do not use this form; use AUTH24 in CJA.</u> <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> Standing Order (MDL only)									
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) NOTE: ECF access is included.				c. DELIVERY TYPE Delivery times are not guaranteed.						
DATE	JUDGE (initials)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)
5/9/24	lib	motions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:													
L0099 - copy													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE			
11. SIGNATURE		 Digitally signed by DANIEL SCHILLER Date: 2024.05.16 10:04:41 -05'00'						May 16, 2024					